# ER-SWM-51: REV. 12/88 UNIFORM HAZA

In case of an emergency or spill immediately call the National Response Center (800) 424-8802 and the PA DER (717) 787-4343

# PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES

Bureau of Waste Management P. O. Box 8550 Harrisburg, PA 17105-8550



FOR SHIPMENT OF HAZARDOUS, INFECTIOUS AND CHEMOTHERAPEUTIC WASTE.

Form approved.

Form approved.
OMB No. 2050-0039
Expires 9-30-91

JIIII OIIIII IIAZAIIDOOO	US EPA ID No.	Manifest Document No.	2. Page 1	is not requ	n in the sha iired by Fed iired by Stat	leral law	
WASTE MANIFEST	019110	01011	A. State	Manifest Docum		**************************************	
Square D - 3700 6th St., S.W., Cedar Rapids, IA 52406			PA	PAC 1191120			
경찰에 가격을 가게 되면 하면 있다. 그렇게 그 것은 모든 그는 그 그리고 있었다.				B. Sate Gen. ID			
4. Generator's Phone ( 319 ) 365–4631  5. Transporter 1 Company Name 6. US EPA ID Number				C. State Trans. ID			
ILD0 3 9616 677			PA-A	PA-AH			
7. Transporter 2 Company Name 8. US EPA ID Number				D. Transporter's Phone (815)239–2377			
	D D 9 8 0 5		E. State Trans. ID PA-AH   0257			71	
Designated Facility Name and Site Address Bethlehem Apparatus Co., Inc.	10. US EPA ID	Number	3	F. Transporter's Phone (216) 441-5628			
390 Front St.				G. State Facility's ID			
	PAD002390961		H. Facility's Phone (215) 838-7034				
. US DOT Description (Including Proper Shipping Name, Haz	ard Class, and ID Numbe	12. Cont	ainers	13. Total	14. Unit	I. Waste No.	
	75 THE LONG THE LONG THE TANK	No.	Type	Quantity	Wt/Vol		
RO Metallic Mercury (Electron Tub	es),ORM-B		16				
WASTE NA2809		000	MQU	0061	7 14	D009	
79	a atom	THE RESERVE OF THE PARTY OF THE					
AND THE RESERVE OF THE SECOND		วาง จะ เกาะเราะ					
					Ear office		
			1 )	M. O's sons			
R00352691 RCRA RECORDS CE	NTTED		September 1	Sala Para to	Clayenaying		
RCRA RECORDS CE.	NIEK		SEATON P	Tagle News			
	1000 0 9 1000	e are sur spring and a	ila Artic	91-	915 P 2V		
RECEIVED							
. Additional Descriptions for Materials Listed Above (Include p Lab Pack Physical State Lab	hysical state and hazard Pack Physical Stat	code) e	K. Handl	ing Codes for V	Vastes Liste	d Above	
			a. P	a. pounds c.			
b.     d.	F-1 - L		b.		d.		
5. Special Handling Instructions and Additional Information	703A				and production to	· · · · · · · · · · · · · · · · · · ·	
This waste is a characteristic h	nazardous wast	e and is des	ignated	for use,	• 10 √ P(v)		
reuse, recycle or reclaim.	0		2	1 (1			
			6	X55 GA	·om.		
Emergency Phone 31	19-365-4	631					
		- ' fully and	accurately des	scribed above by	proper shippi	ng name and are	
<ol> <li>GENERATOR'S CERTIFICATION: I hereby declare the classified, packed, marked, and labeled and are in all respects in pro-</li> </ol>	roper condition for transport	by highway according to	applicable int	ernational and hat	ionar governi	one rogalation	
If I am a large quantity generator, I certify that I have a program practicable and that I have selected the practicable method of tree and the environment; <b>OR</b> , if I am a small quantity generator, I have a program of the program	in place to reduce the volu	me and toxicity of waste	generated to	the degree I have	determined to	be economically t to human health	
practicable and that I have selected the practicable method of the and the environment; <b>OR</b> , if I am a small quantity generator, I ha available to me and that I can afford.	ve made a good faith effort	o minimize my waste ge	neration and s	select the best was	ste manageme	ent method that is	
Printed/Typed Name	Signature	on behings	OT	7	MONTH	DAY YEAR	
JERRY STONEDARGER	1	eny sto	restore	19	04	0 01 10	
17. Transporter 1 Acknowledgement of Repeipt of Materials Printed/Typed Name	Signature	and Il	1.0		MONTH	DAY CYEA	
James K. MIGGLE	779	1109 V- 1	120	<u> </u>	14	02 7	
18. Transporter 2 Acknowledgement of Receipt of Materials  Printed/Typed Name	Signature	11/11		nger out	MONTH	DAY YEA	
BOBRO / IAR	020	exollor	RECE	VED	04	01 10	
19. Discrepancy Indication Space			Walter Street	A 1000			
			APR 2	4 1990			
the service of the service of the service of		Contracting to the sta	1 1 10	ER GION		ell Tim	
20. Facility Owner or Operator: Certification of receipt of ha	zardous materials covere	ed by this manifest e	Cept as note	all lew 14.	MONTH	DAY YEA	
Printed/Typed Name  SCOTT SCHREFFLER	1	At Sil	2/11	n	104	109 190	
				THE RESERVE AND ADDRESS OF THE PARTY OF THE	CONTRACTOR OF THE PARTY OF THE	-	

INSTRUCTIONS FOR COMPLETION OF THE PA HAZARDOUS, INFECTIOUS AND CHEMOTHERAPEUTIC WASTE MANIFEST. Please read these in actions before completing this form.

Burden Disclosure Statement (Burden Box) - Public reporting burden for this collection of information is estimated to average: 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment, storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street SW., Washington DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

### **GENERAL INFORMATION**

For all shipments of hazardous waste and all shipments of infectious and chemotherapeutic wastes, the copies of the manifest shall be distributed as indicated at the bottom of each copy.

If there are more than four different waste streams in a shipment, except for lab packs, complete another Manifest. If there are more than two transporters or if the waste is a lab pack, use the Uniform Hazardous Waste Manifest Continuation Sheet. Continuation Sheets may be purchased commercially.

If you have any questions concerning the completion of this Manifest, call 717-787-7382.

NOTE: For interstate shipments you may be required to supply additional information regarding the completion of lettered Items A through K. Please check with both the Generator and Destination States for specific requirements.

### GENERATOR

- Item 1. Generator's US EPA ID No. - Enter the twelve digit US EPA Identification Number. Manifest Document No. - Assign a unique five digit number.
- Item 2. - Enter the total number of pages used to complete this Manifest including the first page plus the number of Continuation Sheets, if any.
- Generator's Name and Mailing Address Enter the complete name of the generator and the complete mailing address. The address should be Item 3. the location that will manage the returned Manifest forms.
- Item A. State Manifest Document Number - This Number is preprinted; do not alter it. This Number must be placed in item L of each continuation sheet.
- State Gen. ID Not required for PA Generators. See Note (above). Item B.
- Generator's Phone Number Enter the area code and telephone number where an authorized agent of the Generator may be contacted. Item 4.
- Transporter 1 Company Name Enter the complete company name of the first transporter who will transport the waste. Item 5.
- Item 6. US EPA ID Number - Enter the twelve digit US EPA Identification Number of the transporter identified in Item 5.
- Item C. State Trans. ID - Enter the Hazardous or Infectious and Chemotherapeutic Waste Transporter License No. issued by PA DER. See Note (above).
- Transporter's Phone Enter the area code and telephone number where an authorized agent of the Transporter may be contacted. Item D.
- Item 7. Transporter 2 Company Name - If applicable, see Item 5.
- Item 8 US EPA ID Number - If applicable, see Item 6.
- Item E. State Trans. ID - If applicable, see Item C.
- Item F. Transporter's Phone - If applicable, see Item D.
- Designated Facility Name and Site Address Enter the complete company name and complete site address of the facility designated to receive Item 9. the waste listed on this Manifest. The address must be the site address, which may differ from the mailing address.
- Item 10. US EPA ID Number - Enter the twelve digit US EPA Identification Number of the Designated Facility.
- Enter the State Facility's ID Number Not Required. Item G.
- Facility's Phone Enter the area code and phone number where an authorized agent of the Designated Facility may be contacted. Item H.
- US DOT Description [Including Proper Shipping Name, Hazard Class, and ID Number (UN/NA Number)] Enter the US DOT Proper Shipping Name, Item 11. Hazard Class, and ID Number (UN/NA Number) for each waste ad identified in 49 CFR 171 through 177. For wastes not regulated as Hazardous materials by DOT, Enter a Description of the waste. List DOT Hazardous Materials first.
- Containers (No. and Type) Enter the number of containers for each waste and the appropriate abbreviation from Table I (below) for the type Item 12.
- Item 13. Total Quantity - Enter the total quantity of each waste. Do not use decimals or fractions.
- Item 14. Unit (Wt/Vol) - Enter the appropriate abbreviation from Table II (below) for the unit of measure.

### Table I - Types of Containers

## Table II - Units of Measure

DM=Metal drums, barrels, kegs DT=Dump truck G=Gallons (liquids only) L=Liters (liquids only) DW=Wooden drums, barrels, kegs CY=Cylinders P=Pounds K=Kilograms DF=Fiberboard or plastic drums. CM=Metal boxes, cartons, cases T=Tons (2000 lbs) M=Metric tons (1000 kg) barrels, kegs (including roll-offs) Y=Cubic yards N=Cubic Meters

TP=Tanks portable CW=Wooden boxes, cartons, cases TT=Cargo tanks (tank trucks) CF=Fiber or plastic boxes, cartons, cases TC=Tank cars BA=Burlap, cloth, paper or plastic bags

Waste No. - Enter the Hazardous or Infectious and Chemotherapeutic Waste No. of the waste or wastes. Refer to the Department's Regulations. Item I. See Note (above). If a waste is not regulated in PA but regulated by another State, enter that State's waste code. Also, enter in Item J, "This waste is not a hazardous waste according to PA law." or "This waste is not a PA Infectious or Chemotherapeutic Waste".

Additional Descriptions for Materials Listed Above - Check the designated box if the waste is a Lab Pack. Enter the physical state of each waste (S-solid, L-liquid, Item J.

Handling Codes for Wastes Listed Above - Not required for PA Generators. See Note (above). Item K.

Special Handling Instructions and Additional Information - Use this space to indicate special transportation, treatment, storage, or disposal infor-Item 15. mation or Bill of Lading information. For international shipments, enter the point of departure (City and State).

Item 16. Generator's Certification - Read and sign by hand the certification statement. Enter the date (MM/DD/YY) the waste was shipped. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below if another mode in addition to the highway and a statement. Primary exporters shipping hazardous wastes to a facility located outside the United States must add to the end of the first sentence of the certification the following words "and oppforms to the terms of the EPA Acknowledgment of Consent to the shipment."

### TRANSPORTER

Transporter 1 Acknowledgement of Receipt of Materials - Print or type the name of the person accepting the waste on behalf of the transporter. Item 17. Sign and enter the **GREAT** equition (MM/DD/YY).

Transporter 2 Acknowledgement of Receipt of Materials - If applicable, see Item 17.

Item 18.

### DESIGNATED FACILITY

Discrepancy Indication Space - The Designated Facility's authorized representative must note in this space any significant discrepancy between Item 19. the waste described on the Manifest and the waste actually received.

Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Print or type Item 20. the name of the person accepting the waste on behalf of the owner or operator of the facility. Sign and enter the date of receipt (MM/DD/YY).